

necessary to make any observations with the view of disproving the muscularity of the pulmonary texture, the non-existence of which had been sufficiently established by his (Dr. W.'s) researches and experiments. These experiments had shown that galvanism produced no contraction in the vesicular part of the lungs, although the contractions of this agent were most evident in the bronchial tubes. He thought little of Mr. Rainey's microscopic test of the sputa. This test could only be applied during the latter stage of the disease, and after many other unequivocal signs had decided the true nature of the disease.

Dr. Golding Bird remarked, that Mr. Rainey appeared to have arrived at the conclusion that the lining membrane of the air cells was truly a mucous membrane. Its pathology, however, would not seem to warrant such a conclusion. A mucous membrane during inflammation secreted mucus destitute of pus or coagulable albumen; but the lining membrane of the air cells, in common pneumonia, poured out a quantity of albumen, and hence the scanty yellow, or rust-coloured sputa of pneumonia, coagulated when heat was applied. In the condition of gray hepatization, also, occasionally, in persons of weak power, left long after the subsidence of the acute stage, the cells were full of a substance resembling in every particular coagulated albumen. Hence, although anatomically the lining membrane of the air cells could not be considered a serous membrane, its pathology, he believed, approached more nearly to such a structure than to a mucous membrane. He agreed in the remark of Dr. Hodgkin that it was almost impossible to discriminate between the deposit in the air cells resulting from pneumonia, and the so-called tubercle. The microscopic test of the sputa, mentioned by Mr. Rainey, was not a novel one, and even the presence of portions of air cell in the expectorated matter had been pointed out some time since by Dr. Buhlman, of Berne, a pupil of Professor Valentin. He had, in his Thesis on the Microscopical Structure of Expectorated Matter, figured broken air cells as found in the sputa of a phthisical patient, mixed with flakes of cholesterine.—*Lond. Med. Gaz.*, April, 1845.

16. *Amnesia following a blow on the head.*—Dr. PATZE relates, in No. 30 of *Casper's Wochenschrift*, 1844, a case of amnesia in a man 25 years of age, who had been knocked down shortly before Dr. P. saw him, by an oaken plank, eight feet long and three feet thick, which had fallen from a height of eighteen feet upon his head. On examining the skull, which Dr. P. did with great difficulty, in consequence of the patient's opposition, he "found a depression $2\frac{1}{2}$ inches long, by $1\frac{1}{2}$ inch broad, and $\frac{1}{8}$ ths of an inch deep, in the situation of the anterior and superior angle of the right parietal bone. There was no other external injury. The look of the patient was furious, his eyes rolled in his head, and he frequently gnashed his teeth; on his face evidences of bleeding from the nose were apparent; nothing else unusual. The pulse was small, depressed, and so slow that it scarcely beat 60 strokes in a minute. To questions the patient only answered by nodding or shaking his head, and by gestures pointing to his tongue, his neck, and his windpipe, that he had lost the power of speech. His walk was so insecure that he had to support himself by the furniture in the room. He resolutely opposed my preparations to bleed him, drew the form of a leech upon the table with his finger, held up four fingers to indicate the number four, and pointing to the wounded head, indicated that he wished to have them applied there. It cost me great trouble to make him comprehend the greater usefulness of venesection in such circumstances. He made me understand by signs that I should take no more blood from him than a single cupful; when this quantity had flowed, he became impatient, and insisted upon having the arm bound up; I, on my part, wishing to get away a larger quantity of blood, felt the pulse, and used other pretexts to let a larger quantity flow; the by-standers also came to the patient's assistance, and insisted upon my tying up his arm. In my disputes, first with the patient and then with his friends, from twelve to sixteen ounces of blood might have flowed, when the patient suddenly exclaimed "now tie up my arm." This excited great astonishment among the spectators, and I was compelled to yield to his desire, although the frequency and the fullness which the pulse now showed would have led me to leave the vein open for some time longer. The arm was tied up, and the patient put to bed, having a poultice of cold vinegar and water

applied to the part injured, and an aperient mixture of arnica flowers, senna leaves, and sulphate of magnesia, prescribed for him every hour, until free discharges from the bowels should follow. In the evening the bowels had been moved twice; the pulse was free and large, and of proper frequency; the patient only complained of some lassitude, but the speech was slow and halted when he got at all excited. He had some sleep in the day; the wounded part was hot and moderately painful. Next day the patient was up,—I found him standing by the stove making his poultice. He now questioned the fact of any depression of the skull—he was only aware of some swelling—and showed great disposition to go to work. On the 15th, indeed, in spite of all my dissuasions, he went to work, and has continued very well ever since, although he cannot now get a few feet above the surface of the ground without feeling giddy. By and by he discovered that the skull was actually depressed in the situation indicated.

“He says that he felt himself knocked down by the falling plank, but that he immediately rose again possessed of complete consciousness, and had gone on about five paces, when he fell a second time senseless, nor did he recover himself again until he found himself at home. His anger had been excited by feeling himself without the power of speaking, and the disposition in the by-standers to treat him like a madman: he had a feeling of constriction and stiffness, which extended over the lower jaw, the tongue, and the neck down to the breast; the tongue appeared to have become motionless by its weight and thickness, so that speech would not follow the strongest behests of the will.

“This feeling had gradually become less and less during the blood-letting, and with its entire removal he found that he had recovered his power of articulating.” *Lond. Med. Gaz.*, Nov., 1844.

17. *Prolonged Sleep occurring at intervals.*—Prof. D'OUTREPONT records, in the *Neue Zeitschrift für Geburtskunde*, (1844,) the following remarkable case.

A woman, 35 years of age, married, and the mother of four children, has been subject, since her marriage, to protracted sleep, which continues from two to seven days, commonly five days and a half, and recurs at irregular intervals. It comes on suddenly, without any precursory symptoms, sometimes at night, at others in the day. The patient awakes partially every twenty-four hours, with a dry mouth, thrusts her tongue out, drinks are then given her, which she swallows unconsciously, and immediately relapses into sleep. The intervals between these prolonged sleeps are from two to twenty days; she does not sleep at all, or has very short, agitated naps. The season and temperature of the air have no effect upon her condition. Menstruation, pregnancy, labour, the lochia, &c., are not disturbed by these sleeps, which is any thing but refreshing, the patient awaking fatigued. She passes neither urine nor feces during her sleep, nor does she experience a want to do so immediately afterwards. She always awakes spontaneously, and cannot be awakened by any irritation. When her eyelids are separated the balls are found rolled upwards; the pupils do not contract by the sudden exposure to light. Respiration, circulation, and the temperature of the skin are in a normal state both when she is asleep and at other times.—*Gaz. Méd. de Paris*, Jan. 4, 1845.

18. *On the Use of Sulphate of Manganese in various diseases.* By R. H. GOOLDEN, M.D. (*London Medical Gazette*, Feb. 1845.) In our last No., p. 472, we noticed the suggestions of Mr. Ure relative to the administration of sulphate of manganese in gouty habits. Dr. Goolden states, as the result of his experience with this salt, that “when taken upon an empty stomach, in doses of one or two drachms, it has invariably produced vomiting in less than three hours, and generally within an hour; and the matter vomited has consisted of a very large quantity of yellow bile. After a meal, the same effect has taken place, but not invariably.

“It very rarely acts as a purgative alone, and after it has been exhibited for several days, I have often been obliged to have recourse to other purgative medicines, in consequence of the want of action of the bowels. After the first dose it seldom acts as an emetic. The appetite has invariably increased during its exhibition, and when the first emetic effect has subsided the patient is free from all uneasy sensations, and expresses himself as feeling lighter and easier than before.